

2003 MICHIGAN Home Heating Credit Claim

Issued under authority of P.A. 281 of 1967. Type or print in blue or black ink.

2003
MI-1040CR-7

Attachment Sequence No. 08

PLACE LABEL HERE	▶ 1. Filer's First Name and Middle Initial and Last Name		▶ 2. Filer's Social Security Number		
	If a Joint Return, Spouse's First Name and Middle Initial and Last Name		▶ 3. Spouse's Social Security Number		
	Home Address (No., Street, P.O. Box or Rural Route)				
	City or Town		State	ZIP Code	
▶ 4. Are your heating costs currently included in your rent or is your heat service in someone else's name? If you check YES, you will receive a check (see line 36). If you check NO or leave blank, you will receive an ENERGY DRAFT. <input type="checkbox"/> YES <input type="checkbox"/> NO		▶ 11. Exemptions. Enter the number that applies to you, your spouse or your dependents and complete line 12 below. Personal Exemption (1 or 2) ▶ A. _____ Age 65 or older ▶ B. _____ Deaf, Disabled or Blind ▶ C. _____ Unemployment compensation greater than 50% of AGI (Enter 1) ▶ D. _____ Number of children living with you: Ages 2 and under ▶ E. _____ Ages 3 - 5 ▶ F. _____ Ages 6 - 18 ▶ G. _____ Dependent adults, other than your spouse, who live with you (including children over 18) ▶ H. _____ Add lines A through H..... I. _____			
▶ 5. Do you want your name and address referred to other government assistance programs you may qualify for? <input type="checkbox"/> YES <input type="checkbox"/> NO					
▶ 6. If you live in one of these CARE facilities, check the box. A. <input type="checkbox"/> Nursing Home B. <input type="checkbox"/> Adult Foster Care Home C. <input type="checkbox"/> Licensed Home for the Aged D. <input type="checkbox"/> Substance Abuse Center					
▶ 7. Do you or your spouse now receive Supplemental Security Income (SSI)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
▶ 8. AGE. If you are age 60 or older, enter your age. A. You _____ B. Spouse _____					
▶ 9. How much were you billed for heat between 11/1/2002 - 10/31/2003? \$ _____ .00		▶ 10. County Code _____			
12. Enter below the name, Social Security number, relationship and age of the dependents you claimed (see line 11, E - H above).					
Dependent's Name		Dependent's Relationship to You		Social Security Number	Age in Years
a.					
b.					
c.					
d.					
Be sure to include income from both spouses.					
13. Wages, salaries, tips, sick, strike and SUB pay, etc		13.		.00	
14. All interest and dividend income (including nontaxable interest)		14.		.00	
15. Net rent, business or royalty income		▶ 15.		.00	
16. Annuity, pension and IRA benefits. Name of Payer:		16.		.00	
17. Net farm income		17.		.00	
18. Capital gains less capital losses		18.		.00	
19. Alimony and other taxable income (see instructions). Describe:		19.		.00	
20. Social Security, Supplemental Security Income (SSI) and/or railroad retirement benefits		▶ 20.		.00	
21. Child support		21.		.00	
22. Unemployment compensation		▶ 22.		.00	
23. Other nontaxable income (see instructions). Describe:		23.		.00	
24. Workers' compensation, veterans' disability compensation and pension benefits		24.		.00	
25. FIP and other FIA benefits		▶ 25.		.00	
26. Subtotal. Add lines 13 - 25		Subtotal		26. .00	
27. Other adjustments (see instructions). Describe:		27.		.00	
28. Medical insurance or HMO premiums you paid for you and your family		28.		.00	
29. Add lines 27 and 28		29.		.00	
30. HOUSEHOLD INCOME. Subtract line 29 from line 26 (If a negative amount, enter "0".)		▶ 30.		.00	
Go to page 2 and complete lines 33-41 (Standard and Alternate Home Heating Credit Computations).					
31. Enter the amount from line 41		31.		.00	
32. HOME HEATING CREDIT. Multiply the amount on line 31 by 80% (0.80)		▶ 32.		.00	

Claim must be filed (postmarked) by September 30, 2004 to receive a credit.

Continued on page 2.

Standard and Alternate Home Heating Credit Computations

33. **STANDARD CREDIT.** Standard allowance (from Table A) 33. _____ .00
34. Multiply household income (line 30) by 3.5% (.035) 34. _____ .00
35. Subtract line 34 from line 33 for standard credit amount.
If line 34 is greater than line 33, enter "0" 35. _____ .00
36. If you answered "Yes" to line 4 (heating costs currently included in rent or heat service in someone else's name), multiply the amount on line 35 by 50% (.50). Enter here and on line 41. (If approved, the final amount as shown on line 32 is issued as a check.) 36. _____ .00
37. **ALTERNATE CREDIT.** Total heating costs from line 9 or \$1,687 (whichever is less) 37. _____ .00
38. Multiply household income (line 30) by 11% (.11) 38. _____ .00
39. Subtract line 38 from line 37. If line 38 is greater than line 37, enter "0" 39. _____ .00
40. Multiply line 39 by 70% (.70) for alternate credit amount 40. _____ .00
41. If you completed line 36, enter that amount here. Otherwise, enter the larger of lines 35 or 40 here.
You must also enter this amount on line 31 on the front of this form 41. _____ .00

42. Residency Status in 2003:

a. ☐ Residentb. ☐ Nonresidentc. ☐ Part-Year Resident.
Complete Dates:

YOU FROM TO

Month Day Year Month Day Year

SPOUSE _____

Use the tables below to see if you qualify for this credit. If you are eligible under both methods, claim the larger amount.

TABLE A
Standard Allowance for the Standard Credit Computation

Your Exemptions (from line 11.I)	Standard Allowance	Income Ceiling
0 or 1	\$347	\$ 9,914
2	468	13,371
3	589	16,829
4	709	20,257
5	830	23,714
6	951	27,171
	+121 for each exemption over 6	+3,454 for each exemption over 6

TABLE B
**Exemptions and Maximum Income for
the Alternate Credit Computation**

Your Exemptions (from line 11.I)	Maximum Income
0 or 1	\$11,211
2	\$15,088
3 or more	\$15,340

County Code Table

01 Alcona	15 Charlevoix	29 Gratiot	43 Lake	57 Missaukee	71 Presque Isle
02 Alger	16 Cheboygan	30 Hillsdale	44 Lapeer	58 Monroe	72 Roscommon
03 Allegan	17 Chippewa	31 Houghton	45 Leelanau	59 Montcalm	73 Saginaw
04 Alpena	18 Clare	32 Huron	46 Lenawee	60 Montmorency	74 St. Clair
05 Antrim	19 Clinton	33 Ingham	47 Livingston	61 Muskegon	75 St. Joseph
06 Arenac	20 Crawford	34 Ionia	48 Luce	62 Newaygo	76 Sanilac
07 Baraga	21 Delta	35 Iosco	49 Mackinac	63 Oakland	77 Schoolcraft
08 Barry	22 Dickinson	36 Iron	50 Macomb	64 Oceana	78 Shiawassee
09 Bay	23 Eaton	37 Isabella	51 Manistee	65 Ogemaw	79 Tuscola
10 Benzie	24 Emmet	38 Jackson	52 Marquette	66 Ontonagon	80 Van Buren
11 Berrien	25 Genesee	39 Kalamazoo	53 Mason	67 Osceola	81 Washtenaw
12 Branch	26 Gladwin	40 Kalkaska	54 Mecosta	68 Oscoda	82 Wayne
13 Calhoun	27 Gogebic	41 Kent	55 Menominee	69 Otsego	83 Wexford
14 Cass	28 Gr. Traverse	42 Keweenaw	56 Midland	70 Ottawa	

**Deceased
Taxpayers**If filer is deceased, enter
date of death.
If spouse is deceased,
enter date of death.

Before you sign, please review your claim. Make sure your name, Social Security number and current mailing address are on the form and that you have answered all the questions that pertain to you.

I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge.

I authorize Treasury to discuss my return with my preparer. ☐ Yes ☐ No

Filer's Signature

Date

Spouse's Signature

Date

I declare under penalty of perjury that this return is based on all information of which I have any knowledge.

Preparer's SSN, PTIN or FEIN

Preparer's Name and Address

File (postmark) your claim by:
September 30, 2004Mail your claim to:
**Michigan Department of Treasury
Lansing, MI 48956**